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Director

**County of Los Angeles**  
**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**  
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April 11, 2005

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Dear Prospective Proposer:

**RE: RESPONSES TO QUESTIONS FROM FAMILY SUPPORT, FAMILY PRESERVATION, AND ADOPTION PROMOTION AND SUPPORT SERVICES RFP #CMS-04-024/04-025 PROPOSERS CONFERENCE**

The County of Los Angeles, Department of Children and Family Services (DCFS) is issuing the attached responses to the Question and Answer portion of the Request for Proposals (RFP) for Family Support, Family Preservation and Adoption Promotion and Support Services, RFP #CMS04-024/04-025 Proposers Conference held on April 4, 2005.

Addendum Number Two will be issued on or before April 15, 2005.

We look forward to submission of your proposal(s) on April 29, 2005, 12:00 noon, P.S.T.

Sincerely,

Walter Chan, Manager  
Contracts Administration

WC:RML:rml

Attachment (1)

1. Question: Is baseline data to be determined, and not established at the outset?

Answer: Baseline data will be determined.
2. Question: If baseline data is to be determined at some time in the future, how and when?

Answer: DCFS plans to work with an expert(s) in the areas of research, data collection, and establishing baseline data to determine how and when.
3. Question: Regarding "after service completion", FS, page 20, service completion may mean case closing, which occurs for any number of reasons, and can mean with no attempt at success (for example: family moves, incarceration, etc.). What consideration is given to the variations regarding "service completion"?

Answer: "Service Completion as defined in Part D, FS SOW is "defined as clients who, by mutual agreement between the family and the Contractor, agreed that all needed services have been received and the client does not require further assistance from the contractor at that time."

Part H, Exhibits, Exhibit FS-1, Program Monthly Summary Report and Exhibit FS-2, Services Individual Service Log are mechanisms for capturing families who terminate a FS service and have not completed the service as mutually agreed by the family and Contractor.
4. Question: How will DCFS track the 12 months after service completion? Will this be within Los Angeles County only? Families can move and enter "the system" elsewhere.

Answer: DCFS will utilize Child's Welfare Services/Case Management System (CWS/CMS) to track all families in conjunction with all data collected from the FS agencies.
5. Question: Must all families that receive any type of FS service receive case management? For example, can a family attend parenting classes without receiving case management?

Answer: No. Case management is a mandatory service component as described in Part D, SOW, Section 1.3. Case management services include the documentation of the following: client contacts,

FAMILY SUPPORT, FAMILY PRESERVATION, AND ADOPTION PROMOTION AND SUPPORT SERVICES  
Proposer's Conference  
QUESTIONS AND ANSWERS  
April 4, 2005

services provided, individualized service plans, service termination or completion, a family's progress, linkage and follow-up services, etc.

6. Question: Is case management offered on an "as needed basis" with the exception of DCFS cases referred to the program?

Answer: No. Case management is a mandatory service component as described in Part D, FS SOW, Section 1.3. Case management services include the documentation of the following: client contacts, services provided, individualized service plans, service termination or completion, a family's progress, linkage and follow-up services, etc.

7. Question: Part H, Exhibit FS 1, page 5 of 6 - The request for this type of identifying information on non-DCFS families appears to breach families' confidentiality. Is this information necessary for non-DCFS families? (Note: Other County contracts, such as Community Services Block Grant does not require that identifying information be reported on Monthly Summary Reports).

Answer: Non-DCFS families participating in FS Services are not required to provide social security numbers or driver's license numbers, which are confidential. However, requesting identifying information, such as, family name, address, and date of birth, etc. is needed for the purpose of producing required reports to the state. These reports will not include any personal family identifying information but rather focus on the overall FS program outcomes and goals, which are achieved.

8. Question: What is your advice for a start-up agency considering this RFP?

Answer: We are unable to give advice during the solicitation process.

9. Question: What is the reimbursement method for Family Support?

Answer: FS is a cost reimbursement program.

10. Question: In the FS SOW, page 22, sections 1.1.3, Employment Services, and 1.1.4, Health, Parenting and/or Other Education Programs, can these services be provided both one-on-one and in groups?

Answer: Yes, these services may be provided on a one-on-one basis and/or in a group setting format.

11. Question: Family Assessment is referred to as needed in all three types of service (FS, FP and Adoption). Do you require a specific assessment instrument or may we identify and use one of our own?
- Answer: FS agencies are required to use the Family Support Program Intake/Exit Form that can be found in Part H, Exhibits, Exhibit FS-4 for this purpose. FS agencies may in addition use any assessment instrument, which they chose to identify or develop.
12. Question: What is the length and intensity of case management services to be provided to Family Support clients?
- Answer: Time frames for and intensity of case management services are to be driven by each family's individual service needs.
13. Question: Are linkage referrals only to DMH providers or can families requesting counseling being referred to Community Based Organizations? Do all families have to be Medi-Cal eligible?
- Answer: Yes. Linkage referrals for counseling may also be referred to community based organizations. Whether or not the family has to be Medi-Cal eligible depends upon the Contractor's agreement with the linkage provider.
14. Question: Who in DCFS will be referring families for FS?
- Answer: DCFS line social work staff, schools, professionals, churches, neighborhood community centers, and any other individual or agency that is interested in referring an at-risk family for FS services. At-risk families may also self-refer.
15. Question: How does DCFS feel about agencies using staff in more than one statement of work (e.g., Staff who work part-time in both FS and FP) as a way of integrating services?
- Answer: Agencies proposing to do so will be required to clearly demonstrate which hours they are charging to which program. Funds between the programs and costs incurred may not be co-mingled.
16. Question: Are agencies free to develop the immediate and intermediate outcome measures, which will lead to the performance targets? (FS SOW, page 25, section 2.1)
- Answer: Yes. In fact, the development of immediate and intermediate goals will assist an agency in reaching performance targets.

17. Question: Re: Part D, Section 5.2, Records/Review – Are these items to be incorporated into the QA plan?
- Answer: Please refer to Part B, Section 7.6.1 of the RFP. Contractors have the option to include these items in the QA plan.
18. Question: In FS SOW, page 24; please clarify the County's requirements in regard to DCFS-referred families being placed "on the top of the waiting list by a first referral basis."
- Answer: In the event that the Contractor establishes a waiting list for any of their FS services, the Contractor must give priority to servicing DCFS families before servicing non-DCFS families.
19. Question: In FS, if there were a waiting list, how would an agency comply with the required home visit within two (2) days? Does this home visit wait until there is an available slot?
- Answer: No. The home visit must be made within two (2) days whether or not the agency has a waiting list.
20. Question: County requires "Contractor's key personnel" to be submitted to the Program Manager for approval 24 hours in advance. Who are these "key personnel" and does this apply to subcontractors?
- Answer: Key Personnel are considered to be Contractor and/or Subcontractor management, professional, paraprofessional, and volunteer staff working directly with families receiving FS services.
21. Question: What is the role of TDMs for FS "making facilities available" - does agency participate?
- Answer: The role of TDM is to make recommendations as to what they believe meets the needs of the family. Although the Contractor's participation is voluntary, it is encouraged and welcomed.
22. Question: Employment Services are a "linkage" - who is paying employment agencies for their services? They have no County contract like MH providers.
- Answer: In the FS RFP/SOW, "Employment Services" is a reimbursable FS service.

23.      Question:      To meet emergency housing, can it be a voucher or assistance into an emergency service?
- Answer:        Yes, it can be a voucher or assistance might be provided in locating resources/housing.
24.      Question:      What is the timeline for payment of claims or billing once a bill is submitted?
- Answer:        Please refer to part F of the FS Sample Contract, section 5.5.9, which reads: "County shall attempt to authorize payment within thirty (30) days following receipt of invoice, provided that all work performed during the preceding month has been reviewed, accepted, signed and dated by the Program Manager or designee."
25.      Question:      Introduction, Page 5, 6.12 – What is meant by "a member of a service delivery system"?
- Answer:        Contractors must be or by the start of the contract becomes an integral member of a community referral/resource network.
26.      Question:      Part A, page 9, 1.2 – Where is the continuity? These are three separate proposals.
- Answer:        The Promoting Safe and Stables Families Program (PSSF) legislation includes FS, FP, and APSS services, as referenced in the RFP. The intent of the legislation as well as the RFP is to ensure families are eligible for services under at least one the programs. Although these are three proposals in one RFP, the PSSF program is based on community-based organizations collaborating or partnering with individuals and other organizations in their community to provide a service continuum for children and families that is responsible, accessible and reliable.
27.      Question:      Part A, page 9, 1.3 – Where is the building community infrastructure goal?
- Answer:        The section referenced above does not address the question asked. The PSSF program is based on community-based organizations developing collaborations or partnerships with individuals and other organizations in their community with the goal of building or enhancing a community infrastructure.
28.      Question:      If normal agency hours are 9 AM to 9 PM, rather than 8 AM to 5PM, does that suffice? (FS SOW, page 13)

FAMILY SUPPORT, FAMILY PRESERVATION, AND ADOPTION PROMOTION AND SUPPORT SERVICES  
Proposer's Conference  
QUESTIONS AND ANSWERS  
April 4, 2005

Answer: Yes. The hours 8 A.M. until 5 P.M. are the mandatory standard. Contractors may opt to provide services to exceed this time frame.

29. Question: Why aren't Permanency and Well Being part of the FS SOW?

Answer: Currently, the Department chose to use Permanency and Well Being performance targets, with FP and APSS Services. FS primary goal is child and family safety.

30. Question: Why is Driver's License verification and driving record a part of FP, but not FS?

Answer: We don't require the FS agencies to transport clients.

31. Question: What is the difference in services delivered under Family Support and Family Preservation alternative response? Both are DCFS referred, both are unfounded allegations, both provide for ensuring safety, improving parenting, etc.

Answer: FS provides services to families with an unfounded referral (Differential Response), while FP provides services to families with an inconclusive referral (Alternative Response).

32. Question: Are Family Support services time-limited (i.e., 3 mos., 6 mos., etc.)?

Answer: Time frames for these services are to be driven by each family's service needs. Time frames should be determined in partnership with the client when developing the family's written individualized service plan.

33. Question: For Family Support, are all referrals from DCFS or are other referral sources acceptable, in teen parent programs in the schools?

Answer: Teen Parent program could be DCFS or non-DCFS referrals.

34. Question: Regarding FS, the billing appears to be structured like a grant, (i.e., we bill for costs). Are there a certain number of families/individuals that we are expected to serve? Billing is based upon agency costs, however, what is the number and intensity of projected services?

Answer: FS is cost reimbursement. The number and intensity of projected services is based upon the agency's proposal.

FAMILY SUPPORT, FAMILY PRESERVATION, AND ADOPTION PROMOTION AND SUPPORT SERVICES  
Proposer's Conference  
QUESTIONS AND ANSWERS  
April 4, 2005

35.      Question:      Clarify FS SOW, page 7, section 3.26. What risk factors would differentiate a differential response from Alternative (inconclusive) Response as defined on page 5, section 3.3 of FP SOW?
- Answer:      Differential Response is low risk, unfounded referrals. Alternative Response are low to moderate risk, inconclusive referrals.
36.      Question:      What coverage mechanisms would be acceptable for non-national holidays for which an agency may be closed for more than three days? (FS SOW, page 13, section 5.3)
- Answer:      As it is important for services to be accessible and convenient for at risk families, agencies are expected to have their service delivery sites open as stated in the contract in order to provide services. There is no acceptable mechanism to substitute for an agency site being closed for three or more days for non-national holidays.
37.      Question:      What is the time frame for families to be receiving Family Support Services? (FS SOW, page 25, section 1.4.9)
- Answer:      Time frames for these services are to be driven by each family's service needs. Time frames should be determined in partnership with the client when developing the family's written individualized service plan.
38.      Question:      FS "Emergency Basic Support Services" appears similar to Family Preservation "Auxiliary Funds"
- Answer:      The intent is similar but the funds are only reimbursable through the contract amount awarded to the agency. Emergency Basic Support Services may not exceed \$1,000 per family, per contract year.
39.      Question:      Will "Emergency Basic Support Services" be reimbursed within the FS contract dollar amount or be funded by DCFS as under FP?
- Answer:      "Emergency Basic Support Services" is reimbursable within the FS contract dollar amount.
40.      Question:      Need clarification on FS target population of children? Couple of examples of differences of languages 1.4 indicated goals to work with families of child abuse and/or neglect. Sow indicates services for at risk families and also SOW talks about allegation of child abuse or neglect as unfounded. These are different population of children and we would like to know what you are looking for us to respond to?



Answer: Any of those families could be serviced; any of those children could be serviced with the services you are providing in this particular program

41. Question: Can you propose to target one of those particular areas or are you looking for an agency to provide the continuum of that population?

Answer: An Agency has to comply with what is listed in Part B, Target Population as to what you are proposing to target. It would have to be families in need of parenting skills, families with pregnant and/or parenting teens, families who were referred by the DCFS that have an unfounded allegation.

42. Question: The unfounded allegation does not match with the language and goals of child abuse and neglect of the FS program?

Answer: DCFS could still refer families. Families could still be at risk. They can fall between other categories of the families with pregnant or parenting teenagers, families that are known to the system but not in the system at the time. DCFS will still make referrals based on that target population.

43. Question: There was a question earlier about if someone does not meet the medical necessities they could not be provided services under this mental health services. If you are servicing families that are in the system you still cannot provide the MH services?

Answer: That was not FS it was APSS. For FS is linking families to a MH provider.

44. Question: FS adult MH services that might be necessary to provide the parent support portion. A parent that does not meet the qualification for MH portion could those dollars be use to provide MH services for those parents a more mildly anxious or depress person for instance?

Answer: Because of the limited amount of dollars appropriated that would not be possible. That will be linkage only.

45. Question: If we are most interested in providing FS service for specific piece of the population for instance the six and under population it sounds from everything we heard today that that will be best as a sub to lead agency rather than be able to be the lead agency in that capacity, Is that correct?

Answer: You are proposing the service for 6 and under. Is that worthy of a lead agency? That will limit you because you are not able to receive referrals for all those 3 populations I talked about before. It will also limit you as DCFS making referrals to your agency because you are only dealing with a very specific population. It will be best to you to partner with another agency.

46. Question: I am going back to the issue of MH for adults not eligible for medical services. I am going to ask again with regard to the budget using an independent contractor method to access clinically necessary services for those adults which linkages are not going to make them any good. They are not going to be eligible for medical services. Can we then build it in the budget under the cost of services section on the contractor line and then explain why we have it in there.

Answer: Yes.

47. Question: Regarding FS SOW, page 21, Description of Emergency Basic Support Services. What do you mean by housing assistance? Does it include the provision of emergency shelter and can emergency shelter be included as a cost in the agency's budget for FS program?

Answer: Yes.

48. Question: FS SOW, Page 25, section 1.4.7 refers to the development of a service plan with the contractor from DCFS form 800. Is there a time frame for this? Will there be a CSW assigned to the case although there is no open case yet?

Answer: The service plan should be developed with the client at the time of the home visit, which must be made within two days of DCFS' referral for FS services. CSWs are initially assigned to open referrals and open cases.

49. Question: In exhibit A1, FS SOW, 1.4.5, it is required to notify the case CSW of the non-cooperation of family referred by DCFS in 5 business days –This is an unfounded case, so a case may not be open at all or open and closed, under what legal authority would the communication go on?

Answer: This pertains to open DCFS cases which are referred for services, not unfounded referrals.

FAMILY SUPPORT, FAMILY PRESERVATION, AND ADOPTION PROMOTION AND SUPPORT SERVICES  
Proposer's Conference  
QUESTIONS AND ANSWERS  
April 4, 2005

50.      Question      FS requires to provide at least two (2) services that will be reimbursable, could an agency request for the maximum reimbursement amount since there are four (4) services listed that you could provide?
- Answer:      Yes.
51.      Question      Is in-kind match still a requirement?
- Answer:      No.
52.      Question      What is FS rationale for not having an allocation for API-Countywide, since you are asking for overlapping services, or you are leaving the Countywide out? API cannot fulfill the preference model.
- Answer:      API families reside in each SPA and are serviced along with the general population.
53.      Question      Part D, FS SOW, page 11, section 4.3.1 – are more details available regarding the 40-hour training requirement?
- Answer:      No. Contractors are expected to develop their own individual agency training programs.
54.      Question      FS SOW, page 20, section 1.0 – Is this a sample or does this performance target apply to every agency? Are we expected to write our own, different performance targets? We sometimes experience difficulty locating clients 12 months after they exit our existing programs, so it may be difficult to comply with this performance goal.
- Answer:      No. All contractors are expected to comply with the performance targets as set forth in the FS SOW.
55.      Question      FS SOW, page 21, and section 1.1 – Does the FS program budget have to include two of the four basic reimbursable services? Or can we budget for just one of the reimbursable services, but still provide a second service funded by others?
- Answer:      All contractors/subcontractors are expected to provide at least two of the following 4 services; Emergency Basic Support, Structured Parent/child and or Family Centered Activities, Employment Services, and Health, Parenting, and/or other Education Programs.

In addition, contractors/subcontractors must provide case management and linkage services, when appropriate.

56. Question FS SOW, page 24, section 1.4.1 – What are the general guidelines/expectations for “giving priority” to DCFS families on a “space available basis”? Please explain how DCFS would like this to work.

Answer: In the event that the contractor establishes a waiting list for any of their FS services, the contractor must give priority to servicing DCFS families before servicing Non-DCFS families.

57. Question FS SOW, page 24, section 1.4.1 – Our agency only serves children and adults exposed to domestic violence. If DCFS refers a non-domestic violence family to us, are we required to accept and serve them in the FS program?

Answer: Yes. Contractors/subcontractors are expected to serve all of the following FS target population: 1) Caregivers with inadequate parenting skills to successfully nurture their minor child(ren), including parents, relatives, non-relative extended family members, legal guardians, foster parents, or adoptive parents and their child(ren); 2) Families with pregnant and/or parenting teenagers; and 3) Families, who are referred by DCFS Hotline and out-stationed staff, where there is an allegation of child abuse and/or neglect that is unfounded (Differential Response), but who are in need of services to avoid future DCFS involvement.

58. Question FS SOW, page 24, section 1.4.3 – If the family is residing in an emergency shelter at the time of their participation in the FS program, can the home visit be conducted at the emergency shelter?

Answer: Yes.

59. Question FS SOW, page 24, section 1.4.3 – What are the goals/guidelines for the home visit?

Answer: The home visit is for the purpose of making services available and accessible to all families. Contractors/subcontractors are expected to use the visit to meet the family develop a written individualized service plan, and complete the intake portion of the FS Program intake/exit form, Exhibit FS-4.

60.        Question        FS Sample Contract, pg. 30-31, section 8.27 and pg. 43, section 8.43.5 – Will liquidated damages apply if performance goals are not met?

Answer:        Yes, liquidated damages may apply, The FS Sample Agreement section 8.27.1 states “If in the judgment of the DCFS Director, the CONTRACTOR is deemed to be non-compliant with the terms and obligations assumed hereby, the Director or his designee, at his option, in addition to or in lieu of, other remedies provided herein, may withhold the entire monthly payment or deduct pro rata from the CONTRACTOR’s invoice for work not performed. The work not performed and the amount to be withheld or deducted from payments to the CONTRACTOR from the COUNTY, will be forwarded to the CONTRACTOR by the Director, or his designee, in a written notice describing the reasons for said action.”

61. Question: Re: "after service completion" (FP-page 38). Service completion may mean case closing, which occurs for any number of reasons, and can mean with no attempt at success (for example: family moves, incarceration, etc.) What consideration is given to the variations regarding "service completion"?
- Answer: Consideration is given. The Family Functioning Assessment tool takes into account various reasons for termination (Exhibit FP 16).
62. Question: FP SOW, page 14, 4.2.3 - Re: Project Manager: If submitting more than one FP program proposal (for programs covering different District Regional Offices in contiguous areas within one SPA), must each FP Program have a full-time Project Director and a full-time Clinical Director?
- Answer: The RFP does not state that the Project Director and Clinical Director must be employed full-time at each site, however each site must have adequate supervision for IHOC's, and other staff during business hours.
63. Question: FP SOW, page 19, 8.0, Base Rate and Supplementary Services - What is the status of direct funding to contractors for mental health services? No rate is cited for Therapeutic Day Treatment. What is the rate for this service?
- Answer: There is no direct funding to contractors for mental health services. The rate for Therapeutic Day Treatment is listed in Addendum Number Two modifications, however TDT services are only provided for Probation cases.
64. Question: FP SOW, page 35, 2.4.2 - Alternative Response referrals are not eligible for DHS Alcohol and Substance Abuse Treatment Services or DMH Mental Health Services. DMH services often have long waiting lists. If mental health issues are present in ARS families, children could be at high risk even though abuse and neglect is "inconclusive." What monies will be available to provide DHS or DMH services for Alternative Response cases?
- Answer: Contractors will have to use community resources. We do not have any funding for these services.
65. Question: What is your advice for a start-up agency considering this RFP?
- Answer: We cannot provide any advice.

66. Question: Family Assessment is referred to as needed in all three types of service (FS, FP and Adoption). Do you require a specific assessment instrument or may we identify and use one of our own?
- Answer: CONTRACTORS are free to develop an assessment tool for their own purpose, however DCFS will only recognize the Family Functioning Assessment Tool (Exhibit FP-16).
67. Question: ARS cases are supposed to be inconclusive. However, in many ARS cases there are issues of substance abuse, domestic violence or mental health. Could you please clarify which type of cases would require a three (3) hour response?
- Answer: ARS referrals do not require a three (3) hour response time. The three (3) hour response time is for Emergency Response Family Preservation cases.
68. Question: SOW Page 25, section 1.1.2.2, Re: ARS - Does this mean that FP worker along with the CSW will go together? There is a 24/7 expectation for response on FP. Is there something different with this proposal?
- Answer: This is not specifically ARS. ARS is not a 24/7 expectation.
69. Question: What is the role of TDMs for FP ("determine appropriateness of referral")?
- Answer: The role of TDM is to make recommendations as to what services will best meet the needs of the family.
70. Question: Can TDMs overrule the case review team's decision to accept a case for FP?
- Answer: No, TDMs cannot overrule the case review team decision. TDM reviews the referral/case and makes recommendations as to what services will best meet the needs of the family.
71. Question: What happens in ARS cases when there is a subsequent child abuse report? Does our ARS case close immediately?
- Answer: CONTRACTORS shall consult with the case-carrying CSW before determining if ARS services shall be terminated.
72. Question: Page 29, 1.5.1 - Is the CSW required to attend the ARS Plan? Who will refer the case to the agency referenced in this section?

FAMILY SUPPORT, FAMILY PRESERVATION, AND ADOPTION PROMOTION AND SUPPORT SERVICES  
Proposer's Conference  
QUESTIONS AND ANSWERS  
April 4, 2005

- Answer: No, the CSW is not required to attend the ARS plan. The agency will receive the referral from the Regional office.
73. Question: Are "transition services" going to be provided for in the forthcoming contract?
- Answer: Yes. Please refer to FP SOW, Section 3.1, page 39.
74. Question: Please explain what is meant by "transition services" in the FP SOW, page 39, sections 3.2, and 3.4. Is this in addition to regular IHOC visits? What additional services are to be provided during transitional visits? Why wouldn't the family receive the regular number of visits until termination? Transitional Service - "two transitional visits per month" - only two IHOCs or two visits beyond IHOC?
- Answer: Transition services are services provided after the termination of FP. During transition the IHOC visits are decreased to two per month. Families receiving Transition Services will receive two (2) IHOC visits per month. Supplemental services are not provided during transition, however, families can be linked to community resources.
75. Question: FP SOW, Safety Performance Outcome Goal at 1.4.3, Counseling Services - The Fee Schedule says \$60 per hour, but what if the service is done by a Licensed Professional - can the rate be \$70 for In Home Counseling?
- Answer: Yes, the rate for a Licensed Professional is \$70.00 per hour (FP SOW page 19).
76. Question: FP SOW, Safety, Section 1.4.7, "Substance Abuse Assessment and Treatment" - If a participant does not have Medi-Cal coverage, is not in the CALworks, and does not have private insurance, then can the participant be treated by a provider who does not have a California license/certification for substance abuse treatment?
- Answer: No, the provider must be licensed or certified.
77. Question: How does DCFS feel about agencies using staff in more than one statement of work (e.g., Staff who work part-time in both FS and FP) as a way of integrating services?



FAMILY SUPPORT, FAMILY PRESERVATION, AND ADOPTION PROMOTION AND SUPPORT SERVICES  
Proposer's Conference  
QUESTIONS AND ANSWERS  
April 4, 2005

- Answer: As long as it is clearly documented the percentage of time in each program and there is no co-mingling of contract funds.
78. Question: FP SOW, page 11, 3.58 - Are 15 passenger vans permitted?
- Answer: See Addendum Number Two for modifications.
79. Question: FP SOW, page 24, Performance Targets - Given the high risk of some of the families, it appears that the performance targets work against agencies who find it necessary to make hot line calls while the families are in the program.
- Answer: Making a hotline call may impact the performance outcomes, but as mandated reporters CONTRACTORS are required by law to report children who may be at risk or abuse or neglect.
80. Question: FP SOW, page 26, 1.2 - After the initial six months of service, will extensions be granted for an additional 6 months or will extensions be granted for 3 month periods, as is the current practice?
- Answer: Two 3-month extensions.
81. Question: FP SOW, page 26, 1.3 - What is meant by "Contractor shall be available 24 hours per day, 7 days per week to provide the following services ..."
- Answer: CONTRACTOR shall provide assessment services 24 hours per day, 7 days per week.
82. Question: FP SOW, page 38, Performance Targets - Alternative Response Services: Are these outcomes realistic for cases that only last 3 months?
- Answer: Yes, these outcomes are realistic for low-to-moderate risk referrals.
83. Question: FP SOW, page 39, 4.1 - Are agencies free to develop the immediate and intermediate outcome measures which will lead to the performance targets?
- Answer: CONTRACTORS are free to develop measures for their purpose. DCFS is looking for the outcomes listed in the Statement of Work.
84. Question: Re: Part B, Section 7.5.1.5, "Staff Training Plan" – Does DCFS recommend any particular plan or can DCFS refer us to an acceptable model of staff training for Family Preservation?

- Answer: No, we do not recommend any particular plan, and we cannot recommend a staff-training model.
85. Question: Are Adoption children/families still to be served under FP in addition to APSS?
- Answer: Yes, adoption children/families can still be served under FP.
86. Question: 10% Administrative Costs - down from 15%?
- Answer: Yes, the Administrative Cost has been decreased to 10%. (Please refer to RFP, Part B, Instructions for Submitting Proposals, page 41, Section 7.7.1.2).
87. Question: Child Follow-Up visit has to be face to face now, not over the phone - this means much more driving.
- Answer: Yes, child follow-up visits must be face-to-face.
88. Question: Auxiliary Fund - option for agency to purchase and get reimbursed - is this necessary or can we always use the option to have county cut a check to the vendor?
- Answer: CONTRACTORS can use both options.
89. Question: To meet emergency housing, can it be a voucher or assistance into an emergency service?
- Answer: CONTRACTORS can utilize a voucher or assist a family with entering an emergency service. CONTRACTOR shall be reimbursed for whatever expenses they incurred, but the expenses cannot exceed the amount listed in the pricing schedule.
90. Question: What is the timeline for payment of claims or billing once a bill is submitted?
- Answer: Please refer to Part F--Sample Contract for Family Preservation Program, Section 5.6.8.
91. Question: Part A, page 9, 1.2 - Where is the continuity? These are three separate proposals.
- Answer: The Promoting Safe and Stable Families Program includes FS, FP, and APSS. The intent of the legislation as well as the RFP is to

ensure families are eligible for services under at least one of the programs. FP services are designed to help children and families in crisis, including extended and adoptive families. FS services are designed to help children and families to prevent entering the DCFS system. APSS are services, which are designed to encourage more adoptions out of the DCFS foster care system.

92. Question: FP SOW, Page 5, 2.3 - This section states that the FP program shall provide services to DCFS and probation families. Can contractors conduct their own outreach and receive referrals directly from the community, or shall all referrals come from DCFS and the Probation Department?

Answer: All FP referrals will come from DCFS or the Probation Dept.

93. Question: Is there a target number of families DCFS would like bidders to propose to serve annually per office area in the FP program?

Answer: CONTRACTORS shall propose the number of families they are able to serve.

94. Question: What is the difference in services delivered under Family Support and Family Preservation Alternative Response? Both are DCFS referred, both are unfounded allegations, both provide for ensuring safety, improving parenting, etc.

Answer: Family Support provides Differential Response Services for unfounded referrals and Family Preservation provides Alternative Response Services for inconclusive referrals.

95. Question: FP SOW, Page 8, 3.3.8 - Does the Family Functioning Assessment tool replace the USC Data Form?

Answer: No, this is the same form.

96. Question: FP SOW, Page 16, 5.2.4 - "Contractor shall provide the families with a tool by which to evaluate the services rendered by the CFPN." Is Exhibit FP-26 the evaluation tool?

Answer: Yes, it is the Customer Satisfaction survey.

97. Question: FP SOW, Page 22, 3.0 - Does the family need to have stable housing in order to qualify for services?

Answer: No.

98. Question: Page 25, 1.1.2.1 and 1.1.2.2 - What is the difference between these two services? In 1.1.2.2, when will the referral be faxed? Will the agency have a choice as to whether the referral will be sent via fax or by telephone?

Answer: Section 1.1.2.1 refers to Emergency Response referrals and Section 1.1.2.2 refers to Emergency Response referrals that have allegations of substance abuse, mental health or domestic violence. The referrals must be sent by fax, however, there may be instances when the referrals are made to the agency by telephone prior to the referrals being sent via fax (e.g. Emergency Response referrals).

99. Question: Page 27, 1.4.3 - "The IHOC shall make a subsequent visit whenever a child(ren) is absent during the In-Home counseling session. The IHOC shall make this contact within five (5) business days. In the current contract, the definition of Child Follow-Up observation is "a documented contact with a child by an individual who is a mandated reporter of child abuse, to confirm the well being of a child." Is it sufficient to continue with this process and have the IHOC contact a mandated reporter to confirm the child's well being in lieu of the IHOC making a subsequent visit?

Answer: No, this is not sufficient. The follow-up must be a face-to-face visit.

100. Question: Page 39, 3.1 - "The contractor shall provide TDT services for Probation Youth as approved by the MCPC. May the contractor provide TDT services with an appropriate subcontractor?

Answer: Yes, TDT services may be provided through a subcontractor.

101. Question: Exhibit FP-12 & FP-25 - May we continue to use the format we have been using as long as it contains the information requested in the exhibit? May we create a template for all the forms as long as they contain the information requested in the exhibit forms included in the RFP?

Answer: No, agencies must use the forms provided in the RFP.

102. Question: If you are a current provider of FP services, how does this new program/RFP impact current services?

Answer: There is no impact on current services.

FAMILY SUPPORT, FAMILY PRESERVATION, AND ADOPTION PROMOTION AND SUPPORT SERVICES

Proposer's Conference  
QUESTIONS AND ANSWERS  
April 4, 2005

103. Question: Will traveling time be reimbursed under countywide service category? If so, can the hourly rate spent on traveling be charged as the same base rate for in-home outreach counseling?

Answer: No.

104. Question: How will DCFS track the 12 months after service completion? Will this be within Los Angeles County only? Families can move and enter "the system" elsewhere.

Answer: DCFS will utilize CWS/CMS to track all families in conjunction with all data collected from the FP agencies.

105. Question: How many referrals are expected annually from DCFS (per office area)? How many from Probation? If anticipated numbers cannot be provided, can you please tell us how many were referred last year?

Answer: DCFS is averaging between 200-250 referrals per month (11.2 per regional office per month) and Probation is averaging between 50 – 60 probation referrals per month. There is no information at this time as to the number of referrals broken down by regional office.

106. Question: I am going back to the issue of MH for adults not eligible for medical services. I am going to ask again with regard to the budget using an independent contractor method to access clinically necessary services for those adults which linkages are not going to make them any good. They are not going to be eligible for medical services. Can we then build it in the budget under the cost of services section on the contractor line and then explain why we have it in there?

Answer: Yes.

107. Question: Is in-kind match still a requirement?

Answer: No.

108. Question: FP SOW, pg. 14-15, Section 4.3, Staff Training, Records and Reporting – Is this in reference to new hires only? Does this section also apply to subcontracting agencies having to train their part-time or hourly staff 40 hours?

Answer: The subcontracting staff should receive the same training as the Contractors staff.

FAMILY SUPPORT, FAMILY PRESERVATION, AND ADOPTION PROMOTION AND SUPPORT SERVICES  
Proposer's Conference  
QUESTIONS AND ANSWERS  
April 4, 2005

109. Question: Part A, page 9, section 1.3 – It appears that the goals delineated for FS services (i.e., child safety within the home) were dissected from goals which have traditionally served as a primary function of FP; however this goal is not specified within the stated goals for FP. Is this an oversight? Does child safety continue to be a primary goal of FP services since FP serves families with children in the home?

Answer: Yes, safety is still the primary goal of FP Services.

110. Question: FP SOW, page 6, Re: the definition of “collaborative” and “community” – Are these definitions congruent with the spirit of the FP services to be provided? It sounds like a community is only a part of a greater area/town/region.

Answer: Yes the definitions are congruent with the spirit of FP Services, and a community is part of a greater area/town/or region.

111. Question: Re: “First 5 LA” – Since all FP cases come to the attention of the CFPN via DCFS, because there is an open case, this section does not apply as it is written?

Answer: This paragraph is for information only. The paragraph explains how Contractors shall use PFF as a linkage for families and that they must collaborate with PFF in Community Advisory Councils.

112. Question: FP SOW, page 37, section 2.4.15 – Are the PSSF contracts going to be subject to an RFP process, and if so, what is the timeline for that process? Or which agency(ies) will provide these services?

Answer: PSSF Services are Family Support Services, Family Preservation, and Adoption Promotion and Support Services. These services are included in this RFP. Please refer to Addendum Number One modifications for Introduction, Section 7.0, Timeline.

113. Question: Re: Part D, Section 5.2, Records/Review - Are these items to be incorporated into the QA plan?

Answer: Refer to RFP, Part B, Instructions for Submitting Proposals, Section 7.6.1, which clearly delineates what is required for the QA plan.

114. Question: In a case where we have families referred to us by DCFS and the family moves to another SPA are we still able to provide services to that family? Agencies prefer to stay with the family.

FAMILY SUPPORT, FAMILY PRESERVATION, AND ADOPTION PROMOTION AND SUPPORT SERVICES  
Proposer's Conference  
QUESTIONS AND ANSWERS  
April 4, 2005

- Answer: Yes, agencies may continue to serve a family who moves to another SPA if the agency is willing to travel to the new location.
115. Question: FP SOW, page 24, Performance Targets - On what basis were the percentages for the performance targets developed? Is it possible to take into consideration the degree of the family's initial risk assessment in developing the performance targets?
- Answer: The performance targets were developed based on the report produced by the USC Archive titled "Measuring the Performance of the Community Based Family Preservation Networks". No, it is not possible at this time to take into consideration the degree of the family's initial risk assessment in determining the performance targets. The performance targets have already been determined.
116. Question: FP SOW, page 34, Performance Targets - Probation cases: Why is the performance target for 80% of minors to achieve MCPC goals within 75 days?
- Answer: Refer to Addendum Number Two modifications.
117. Question: Substance abuse assessment and treatment is a Supplemental (FP) Service, but there is no unit cost rate. Can FP funds be drawn down for these services? If so, does a federally approved rate for substance abuse apply?
- Answer: Yes, FP funds can be drawn down. Refer to Addendum Number Two for modifications.
118. Question: Alcohol and Drug Assessment and Treatment services - needs to be in a different cost center from supplemental services - is this something besides what is listed as "counseling" in our supplemental services list? If so, what is it? If not, how do we keep separate from other supplemental services?
- Answer: Refer to Addendum Number Two modifications.
119. Question: County requires "Contractor's key personnel" to be submitted to the Program Manager for approval 24 hours in advance. Who are these "key personnel" and does this apply to subcontractors?
- Answer: Refer to Addendum Number Two for modifications.

FAMILY SUPPORT, FAMILY PRESERVATION, AND ADOPTION PROMOTION AND SUPPORT SERVICES  
Proposer's Conference  
QUESTIONS AND ANSWERS  
April 4, 2005

120. Question: 24/7 Services - what specific services need to be available 24/7? If assessment of new cases on 24/7 basis, there is no explanation of the billing for this.
- Answer: Agencies must be able to assess families for services 24/7. Refer to Addendum Number Two for modifications.
121. Question: Emergency Housing - total 4 nights - consecutive or throughout the case?
- Answer: Four consecutive days. See Addendum Number Two for modifications.
122. Question: Since an FP lead agency is required to serve the entire Regional Office zip codes, how do you distinguish if your subcontractor has several offices in the Regional DCFS office area?
- Answer: See Addendum Number Two modification. (Section E, Section I-A, Form FP-1, Attachment 1-A.)
123. Question: Part A, page 9, 1.3 - You say that FP service goals are to address problems of children in foster care, but your target demographic is families with inconclusive allegations - which is it?
- Answer: One of the target groups in addressing the problems of children in foster care is families who have an inconclusive allegation. Alternative Response Services will be provided to families with an inconclusive allegation.
124. Question: Is there a target number of families DCFS would like bidders to propose to serve annually per office area in the FP program?
- Answer: CONTRACTORS shall propose the number of families they are able to serve.
125. Question: Page 27, 1.4.3 - What is the definition of "counselor"? What qualifications must one hold to be considered a "counselor" under this definition?
- Answer: Refer to Addendum Number Two modifications.
126. Question: Page 30, 1.6.1 - "...The MCPC case plan meeting shall occur at initial contact for Crisis Intervention cases." What is considered a Crisis Intervention case?



FAMILY SUPPORT, FAMILY PRESERVATION, AND ADOPTION PROMOTION AND SUPPORT SERVICES  
Proposer's Conference  
QUESTIONS AND ANSWERS  
April 4, 2005

Answer: Refer to Addendum Number Two modifications.

127. Question: Since you are asking us to serve the entire area for FP does that mean that there is an expectation to service the entire office boundaries? Do you expect us to apply for the maximum amount of resources allocated to that particular boundary area if we serve the entire boundary? If we submit a proposal you want us to submit for the entire amount for the boundary area?

Answer: Refer to Addendum Number One modifications.

128. Question: FP required not just referral but also to pay for and provide day treatment service for referrals received from Probation. Does it mean that we only need to refer and other organization will use their funding stream or the agency funds from the grant will be used?

Answer: Funding for TDT comes directly from your allocation.

129. Question: Part B, page 38, section 7.5.1.6 – Do you want a plan for supervision of all of the agency's staff & volunteers, or just the portion of the staff & volunteers providing services under the SOW? Do you mean general supervision or clinical supervision?

Answer: Provide a plan for supervision of all staff and volunteers providing services under the SOW. It refers to both general and clinical supervision.

130. Question: FP SOW, pages 25-27, sections 1.1 through 1.3 - This section states that the Contractor shall provide services. However, is it possible for the Contractor to subcontract these service tasks to an agency that has the most experience and expertise in providing these FP services or does it have to be done by the Contractor?

Answer: Yes, services may be provided by a subcontractor. Refer to Part A—General Information, Section 3.0, Subcontracting Or Part F, Sample Agreement, Subsection 8.40, Subcontracting.

131. Question: FP SOW, page 26, sections 1.3.1 and 1.3.2 – In reference to the IHOC visits, please specify the frequency of the 4 visits. Is this per week or per month?

Answer: Refer to Addendum Number Two modifications.

132. Question: APSS, page 28, 1.1.4.4 - "linkage referrals to determine that services are being utilized and are appropriate" - Is the onus on proposer to actually determine that services are being utilized, or to determine whether families have taken steps to access services through linkage?

Answer: Yes, as part of the Case Management Part D, Statement of Work, Exhibit A-3, Sections 1.1.4, 1.1.4.3 and 1.1.4.4 / P. 28) and as part of Linkage Service requirements 1.2 .

133. Question: APSS, page 28, 1.1.4.4 - What consideration is given to addressing barriers to access to linkages?

Answer: Refer to Part D, Statement of Work, Exhibit a-3. Section 1.2.

Proposals will be scored on the Contractors ability to meet all the requirements of this RFP, including Linkage Services.

134. Question: APSS SOW, page 22 - Why does the county show increasing percentages for performance targets?

Answer: Increasing performance targets were used based on the predication that it will take time for a program to establish itself and work out any systemic/program issues. Even with the understanding that APSS is a new program there is a expectation for a Contractor to reach the established Performance Target the first year.

135. Question: APSS SOW, page 22 - Does the County not think this unrealistic since performance refers to new families with new challenges? In other words, proposer can be amazingly effective in providing APSS services, but these successes will not be capitalized upon for subsequent children and families. The increased percentages for subsequent years seem very unrealistic.

Answer: No, the County does not think this unrealistic. Contractor will receive referrals for "new" families as well as established families with long standing issues (Part D,-Statement of Work, Exhibit A-3, Part B, Section 1.0).

APSS is a new program. Increasing performance targets were used based on the predication that it will take time for a program to establish itself and work out any systemic/program issues. If County did not have this tenet, that Contractor will develop increased expertise over term of contract, and give Contractor this

April 4, 2005

allowance, Contractor would be held to the Performance Target listed under the Third Year of Contract Term.

136. Question: APSS SOW, Service Task 1.1. - Is it possible for the Proposer to engage in a subcontract with a current Medi-Cal provider? And if so, could you describe the terms and conditions of such an arrangement?

Answer: Yes. Refer to Part D, Statement of Work, Exhibit A-3, Section 1.1.1 p.24, PART A, GENERAL INFORMATION, section 3.0; PART F, SAMPLE AGREEMENT, 8.39 Subcontracting).

137. Question: APSS SOW, part B, 1.0 - The target population as described does not reference "relative caregivers" per se. Does the target population include relative caregivers who plan to proceed with adoption or guardianship?

Answer: The target population includes relative caregivers that plan to proceed with ADOPTION.

138. Question: What is your advice for a start-up agency considering this RFP?

Answer: Submit a Proposal that demonstrates ability to meet requirements of RFP.

139. Question: Family Assessment is referred to as needed in all three types of service (FS, FP and Adoption). Do you require a specific assessment instrument or may we identify and use one of our own?

Answer: For APSS a specific assessment instrument is not required. However, Contractor shall adhere to all requirements of the RFP including but not limited to PART D, STATEMENT OF WORK, section 1.1.4 and PART F, SAMPLE AGREEMENT, section 7.4

140. Question: For APSS, if the proposing agency does not currently have staff that meet the requirements in Introduction section 6.4, can we propose to hire staff meeting these requirements as part of our program plan?

Answer: Yes.

141. Question: If mental health (therapy) services will be subcontracted for APSS, does the proposing agency (Contractor) need to meet the additional staffing requirements in Introduction section 6.4, or is it acceptable for the subcontracting agency to meet these requirements?

Answer: A Contractor that subcontracts therapeutic services presupposes the Contractor will not provide those services directly and would therefore not have Professional Therapist staff for the requirements of section 6.4 to apply to.

Nonetheless, Subcontractor must meet the standards set forth in this RFP and thus Subcontractor's therapist staff would need to meet the standards of section 6.4. If Contractor will Subcontract part of the therapeutic services, both the Contractor's and Subcontractor's therapeutic staff must meet the standards set forth in section 6.4.

142. Question: What is the length and intensity of case management services to be provided to APSS clients?

Answer: Case management services shall be provided for the duration of service provision. Section 1.1.4 clearly outlines the ONGOING Case Management requirements, e.g. development of service plan (subsection 1.1.4.2), 90-day service plan review (subsection 1.1.4.3), Linkage referral follow-up (subsection 1.1.4.4), quarterly reports (1.1.4.5). These ongoing requirements may identify the need for Linkage Services, which the Contractor would need to ensure the family/child receives. The exception to Case Management services terminating when service provision terminates is when Contractor refers family to another APSS Contractor and is notified of non-compliance by the new APSS Contractor (APSS SOW subsection 1.3.1.3 / p. 31). In such a situation, the Contractor shall work with the other APSS Contractor, CSW, DCFS Referral Liaison and/or County Program Manager in ensuring the families needs are met.

The intensity of Case Management services is governed by Contractors responsibilities as outlined in section 1.1.4. Also, Case Management shall be at a level of intensity to ensure the child and/or families needs are identified and appropriate services are arranged to meet the child and/or families needs.

143. Question: APSS SOW, page 27, 1.1.4 - What is the length of service for the Case Management Services?

Answer: Case management services shall be provided for the duration of service provision. Section 1.1.4 clearly outlines the ONGOING Case Management requirements, e.g. development of service plan (subsection 1.1.4.2), 90-day service plan review (subsection

1.1.4.3), Linkage referral follow-up (subsection 1.1.4.4), quarterly reports (1.1.4.5). These ongoing requirements may identify the need for Linkage Services, which the Contractor would need to ensure the family/child receives. The exception to Case Management services terminating when service provision terminates is when Contractor refers family to another APSS Contractor and is notified of non-compliance by the new APSS Contractor (APSS SOW subsection 1.3.1.3 / p. 31). In such a situation, the Contractor shall work with the other APSS Contractor, CSW, DCFS Referral Liaison and/or County Program Manager in ensuring the families needs are met.

144. Question: Part B, page 41, section 7.1.1.3 - "Contractor providing services for APSS shall provide the following services: (1) individual, group and family therapy (reimbursed through Medi-Cal)." Has DCFS contracted with DMH to receive additional funding and are there spaces reserved for the families being served?

Answer: No, DCFS has not contracted with DMH. Proposers are respectfully referred to PART D, STATEMENT OF WORK, subsection 1.1.1, last paragraph. Under the terms of this RFP, Contractors are responsible for provision of therapy but may subcontract these services out.

See also responses to questions 6 and 7 above.

145. Question: APSS SOW, page 23, 1.1.1 and page 29, 1.2.3 - In section 1.1.1 (pg. 23), Individual/group and family therapy needs to be provided by a Medi-Cal provider, however, in 1.2.3 the linkage services indicates that mental health services (aka therapy) needs to be provided by a DMH provider - thus there are different requirements for reimbursable and linkage services?

Answer: Proposers are respectfully referred to the last paragraph on p. 23 of the APSS SOW. It is not a requirement under the terms of this Contract, to provide therapy to families who are not in a match with a child. For example, a family who attended a DCFS Adoption Orientation or is participating in a DCFS sponsored PS-MAPP group maybe referred for Mentoring and/or Support Group services. If during the intake and on-going Case Management Service provision it is assessed the family could benefit from Mental Health Services, the Contractor shall Link the family to such services. The family may need to work out personal loss before they can proceed with adoption.

Additionally, under the terms of this RFP the Contractor is not required to provide Psychiatric services such as psychotropic medication prescription and monitoring. For such situations the Contractor would be required to Link the child/family to those services.

146. Question: How does DCFS feel about agencies using staff in more than one statement of work (e.g., Staff who work part-time in both FS and FP) as a way of integrating services?

Answer: The requirements of the RFP do not preclude agency staff providing service components for more than one program. However, the budget for each program proposal should reflect the part time nature of the staff.

147. Question: APSS SOW, page 20, 1.0 - Can adoptive families that our agency is already serving receive services from this program? If a family the agency is serving moves into another SPA, can the agency continue to provide services?

Answer: Refer To Addendum Number Two modifications.

148. Question Can adoptive families that are already receiving services be part of this program or do they have to be referred from you?

Answer: The referral would have to come from DCFS. Referrals must come from DCFS or from another APSS Provider who received a referral from DCFS. (As currently stated (APSS SOW, subsection 1.3.1.4) if a family moves to another SPA, Contractor must refer family to Contractor providing APSS in the new SPA.)

Agencies receive funds under the Private Adoption Agency Reimbursement Program (PAARP) to compensate private adoption agencies for costs of placing for adoption and for completing the adoptions of children who are eligible for Adoption Assistance Program (AAP). The case could be made that Private Adoption Agencies receiving PAARP are already receiving funds to provide services outlined in this RFP, such as Case Management and Linkage Services.

149. Question: APSS SOW, page 22, Performance Targets - What is the rationale for the percentages in the performance targets? What is the penalty if the targets are not met?

Answer: The rationale for the Performance Targets is based on Federal

FAMILY SUPPORT, FAMILY PRESERVATION AND ADOPTION PROMOTION AND SUPPORT SERVICES  
Proposer's Conference  
QUESTIONS AND ANSWERS  
April 4, 2005

Standards for 32% of adoptions to be completed within 2 years and Department's current and future permanency targets.

These are targets, and if Contractor is meeting all the requirements outlined in the RFP, there is no penalty if the targets are not met. (Proposer is respectfully referred to the RFP and in particular but not limited to PART F, SAMPLE AGREEMENT, section 8.16, COUNTY'S QUALITY ASSURANCE PLAN.

150. Question: APSS SOW, page 24, 1.1.2.1 - What is the length of service for the Adoptive Parent Mentor Program?

Answer: The Mentoring component of this RFP shall be for the duration of the term of this Contract. The duration of Mentor's support for a child and/or family can be from one phone consultation to phone consultation and meetings for the term of this Contract as clinically indicated. A child and/or family may need the support of a mentor throughout the adoption process, orientation to post-adoption. The level of contact should be shared with the CSW at a minimum in the quarterly reports (see APSS SOW, subsection 1.1.4.5 / p.28)

151. Question: APSS SOW, page 25, 1.1.2.2 - What is the expectation for the staffing (hours) of the dedicated phone line? Can the dedicated phone line be a cell phone?

Answer: Staffing hours for the dedicated phone line shall be the same as the Contractor's Days/Hours of Operation (see APSS SOW section 5.3 / p. 15).

A cell phone can be used to meet the contract dedicated phone line requirement as long as the reception is available in Contractor's Service Delivery Sites as noted on SOW Attachment A-1.

152. Question: Re: Part D, Section 5.2, Records/Review - Are these items to be incorporated into the QA plan {PART F, SAMPLE AGREEMENT, section 8.16 County's Quality Assurance Plan, p. 22}?

Answer: Yes.

153. Question: Are Adoption children/families still to be served under FP in addition to APSS?

Answer: Yes, if clinically indicated a child/family may receive services from both programs.

154. Question: County requires "Contractor's key personnel" to be submitted to the Program Manager for approval 24 hours in advance. Who are these "key personnel" and does this apply to subcontractors?

Answer: Key personnel includes Paraprofessional Staff (subsection 4.2.1), Professional Staff (subsection 4.2.2.), Project Manager (subsection 4.2.3), Professional Therapist (subsection 4.2.4), Supervising Therapist (4.2.5) (Subsections refer to PART D, STATEMENT OF WORK, APSS, p. 12)

155. Question: Part A, page 9, 1.3 - Where is the building community infrastructure goal?

Answer: PART A, GENERAL INFORMATION, subsection 1.3 / p. 9 re-frames the goals of PSSF as stated by the Federal Government.

"The primary goals of Promoting Safe and Stable Families (PSSF) are to prevent the unnecessary separation of children from their families, improve the quality of care and services to children and their families, and ensure permanency for children by reuniting them with their parents, by adoption or by another permanent living arrangement...PSSF services are based on several key principles...Services should be easily accessible, often delivered in the home or in community-based settings" (U.S. Dept. of Health and Human Services, Administration for Children and Families).

Proposers are encouraged to refer to PSSF legislation to achieve a full understanding of the programs goals.

Building community infrastructure is not a Federal goal of PSSF and therefore does not belong in this subsection. Community based services is identified in subsection 1.1.

Additionally, recognizing the benefit of a continuum of community based services for the CHILDREN AND FAMILIES OF LOS ANGELES COUNTY, encourages the development of community services by promoting collaboration in the Department's stated service delivery models, section 1.4.

Furthermore, Proposers are respectfully referred to PART D, STATEMENT OF WORK, APSS, subsection 5.1, Community/Network Meeting (p. 14) for more details on the expectations the Department has for Contractors regarding community infrastructure.



Proposer's Conference  
QUESTIONS AND ANSWERS  
April 4, 2005

156. Question. If medical necessity is not met, for Adoption therapy can the agency use the funding to provide counseling service for PSSF?

Answer: No.

157. Question: Page 37,2.4.1.5 – Will an Adoption agency that serves multiple SPA satisfy the requirements in the FS for both contractor and subcontractor to be in the SPA served.

Answer: Both Contractor and subcontractor must be in the same SPA. The requirements for the primary contractor also apply to the subcontractor.

158. Question. Page 22.re: Performance 80% of referred children is not realistic, this is beyond control and just need to take that in consideration.

Answer: It is important for an agency to document their achievement and why they will not be able to achieve an individual case which is part of the entire case.

The Department does not consider this an unrealistic Performance Target if the interventions outlined in the RFP/SOW are provided. Proposers are referred to PART B, INSTRUCTIONS FOR SUBMITTING PROPOSALS, section 7.6 / p. 40, PART D, STATEMENT OF WORK, subsection 5.4.2 / p. 15 and section 2.0 / p.31. Adherence to these requirements will allow the Provider to progressively assess their effectiveness, apply corrective actions and work ongoing with both the County Contract Program Monitor and County Program Manager to achieve the identified Performance Targets.

159. Question: Re: Eligibility under General Information, are public entities such as school districts and cities eligible to apply under this RFP?
- Answer: Refer to Addendum Number Two modifications.
160. Question: Please provide guidance on required forms for public entities, we're different from CBOs, e.g., Secretary of State form.
- Answer: All forms must be completed. Secretary of State Statement of Information form is not required from public governmental agencies.
161. Question: Can you clarify Public Entity? Is there an analogous form to the State form or whatever other forms an agency needs to provide?
- Answer: (a) Refer to Addendum Number Two modifications. (b) No.
162. Question: Is it proper to submit three (3) separate proposals if applying for all three portions (i.e., FS, FP & APSS)? Or separate proposals only if applying to provide services in different SPA/service area? If you are serving one SPA, you only need to submit one proposal for each of those services?
- Answer: You will provide one proposal for each of those services (FS, FP, APSS) for each SPA/DCFS office boundary. Please refer to Part B, Instructions for Submitting Proposals, Section 1.2.
163. Question: Part A, General Information, page 9, 1.4.1 – *Directly provide or through subcontracting at least three (3) different FS, FP, and APSS program services which are overlapped by at least one DCFS office boundary, SPA or County-wide Service Category.* Could you please clarify the meaning of that statement. Should the statement read, "Directly provide or through subcontracting at least three (3) different FS, FP, and APSS program services which are overlapped by at least one DCFS office boundary, SPA **and/or** County-Wide Service Category? Are these three services plus overlapping boundary.
- Answer: Part A, General Information, section 1.4.1 remains as written. The three services should have some overlap. There should be a target population who can receive all three services and would cross geographic boundaries. For instance, if an agency were to provide all three services, the agency would provide FS services in one SPA, and provide FP services in a DCFS office boundary within that same SPA, and also provide APSS services in the same SPA.

164. Question: Please clarify the inconsistency between Part A, page 9, section 1.4.1 and Part B, page 27, section 1.2.

Answer: These two sections are not related to each other. Part A, subsection 1.4.1 indicates the order of preference in the service delivery models. Part B, Section 1.2 indicates how a proposal is to be submitted.

165. Question: The service delivery model in the General Information, Part A, indicates an order of service for preference, which lists three different program services, what does that mean in relation to addressing the services in the proposal? Is that how you get bonus points?

Answer: The Department's goal is to initiate a process that involves a continuum of care, what we have attempted to illustrate in this proposal is the concept of overlapping services, which provides a continuum of care for our families. Agencies that are able to demonstrate this process may receive additional points.

166. Question: Part C, 2.4 – Dealing with the distribution of the 500 points, will these points be awarded to the agency that offers all three services? Will an agency that does not offer all three services be penalized?

Answer: The scoring is based upon how each proposal compares in terms of the agency's ability to demonstrate the delivery of Family Support, Adoption Promotion and Support Services and/or Family Preservation in any given SPA/DCFS office boundary, which includes providing a continuum of care. The ranking can change depending on the agency's ability to demonstrate in their proposal how their program will meet the service objective as it relates to overlapping services.

167. Question: A perfect proposal will receive 10,000 points, and an additional 500 points because we are providing ...(inaudible)

Answer: Refer to Part C, Selection Process and Proposal Evaluation Criteria, Section 2.4.

168. Question: Clarify: The bonus is 500 points out of 30,000. Really, 30,000 points plus 500 points, then the incentive is 1.5% bonus?

- Answer: The possible additional 500 points are in addition to a possible 10,000 points per proposal. Refer to Part C, Selection Process and Proposal Evaluation Criteria, Section 2.4.
169. Question: Page 47, section 2.4 – Re: Evaluation of service delivery models described in 1.4.1 through 1.4.3 says they may be awarded up to 500 possible points. It did not say that 1.4.1 gets 500 points, it may mean that all of them get 500 points each. Preference is not the same as awarding points.
- Answer: Refer to Addendum Number Two modifications.
170. Question: Will you fund proposals that only propose to provide one or two of the service categories, for example, FS and/or only FP?
- Answer: Refer to RFP, Part A, General Information, Section 1.4.
171. Question: If the proposing agency submits its own proposal for one of the three programs (e.g., FP), but serves as a subcontractor for another agency's proposal for a different program (e.g., FS), will the agency receive "credit" for providing two different program services in the service delivery models outlined in Part A, section 1.4, or only for providing one program service?
- Answer: It falls under the service delivery model listed in RFP, Part A, General Information, subsection 1.4.4.
172. Question: Will collaboration allow the lead agency to work with another agency that can do Medi-Cal and will there be taking away of any points based on the fact that the lead agency is not over the agency doing the billing?
- Answer: Collaboration will allow a lead agency to work with another agency. No points will be taken away based on the fact that the lead agency is not over the agency doing the billing.
173. Question: We have three collaborative agencies applying for three different services (FS, FP and APSS) under one umbrella. Is this going to maximize the continuum of service?
- Answer: No. It falls under the service delivery model listed in RFP, Part A, General Information, subsection 1.4.3.

174. Question: (a) Will a proposal with multiple agency collaborative be reviewed separately and more favorably? (b) Are there points for collaboration?
- Answer: (a) Refer to Part C, Selection Process and Proposal Evaluation Criteria, Section 2.0, Evaluation Criteria, subsection 2.1. (b) Refer to Part C, subsection 2.4.
175. Question: Under collaboration, can a subcontractor be able to make another subcontract for services again?
- Answer: The County contracts with a Contractor. All subcontractors shall meet all the requirements of the Contractor.
176. Question: Will DCFS respond to the comment suggesting the definition of collaboration be clarified or re-defined? What is DCFS' definition of a collaborative as it applies to this request?
- Answer: DCFS' definition of collaborative as it applies to this RFP is provided in Part D, Statements of Work (Family Support SOW, pg. 6, section 3.6; Family Preservation SOW, pg. 6, section 3.8; Adoption Promotion and Support Services SOW, pg. 7, section 3.6).
177. Question: Part A, section 1.4 – Would DCFS accept one application from a collaborative group in which there were several agencies designated as the Direct provider of services – these agencies would have direct grants with DCFS for services and possibly some sub-grantees contained within the direct grants; additionally, one agency receiving a direct grant would not provide any direct services but would coordinate the SPA-wide partnership. Some federal grants (e.g., HUD) allow this model of coordinated applications with multiple lead agencies. This type of application would ensure collaboration and wraparound services throughout the SPA as well as allow each Direct provider to meet the preference of DCFS to offer all three FS, FP and APSS program services.
- Answer: Refer to Part B, Instructions for Submitting Proposals, Section 1.0.
178. Question: Part A, page 9, sections 1.4.1 through 1.4.3 – To obtain the maximum number of points, do you need to submit one proposal for FS, one for FP **and** one for APSS – for a minimum of three proposals in three service areas?

FAMILY SUPPORT, FAMILY PRESERVATION, AND ADOPTION PROMOTION AND SUPPORT SERVICES  
Proposer's Conference  
QUESTIONS AND ANSWERS  
April 4, 2005

- Answer: Refer to RFP, Part A, subsections 1.4.1 through 1.4.3, and Part C, Section 2.0.
179. Question: Please provide clarification regarding the different service models/scoring. Part C, page 47, section 2.4 is confusing, could you please word differently for clarity?
- Answer: Refer to Addendum Number Two modifications.
180. Question: Regarding scoring – if you have proposed all three programs, score well on two, less on one, get your 500 bonus points, but are brought down by the one program low score, will you consider funding the two higher scoring programs, throwing out the lower scoring one?
- Answer: Refer to Addendum Number Two modifications.
181. Question: Part A, page 9, 1.4.1 – (a) Will proposers who provide FS, FP & APSS be preferred (i.e., have an advantage) over proposers who only provide one or two of those components? (b) Does DCFS prefer proposals including FS, FP and Adoption; or do you prefer in a FS proposal, for example, that 3 of the 4 basic reimbursable FS services be provided (FS SOW, pg. 21, section 1.1)?
- Answer: (a) Refer to RFP, Part A, Section 1.4. (b) The Family Support SOW requires a minimum of two reimbursable services.
182. Question: If we write three proposals where/how do you demonstrate “continuum of service” between those areas? Which question in narrative asks you to describe the continuum of services between programs?
- Answer: Refer to RFP, Part B, Sections 7.4.3 through 7.4.5.
183. Question: If we provide FS, but subcontract with other agencies to provide FP and APSS, do we submit one proposal or three? If separate proposals for services to be subcontracted - [illegible word] is all about lead – but what if no experience with that service (which is why you are subcontracting)?
- Answer: Refer to RFP, Part B, Section 1.0.
184. Question: Is it possible to apply for FS/FP and not the Adoptions portion?
- Answer: Refer to RFP, Part A, Section 1.4.

FAMILY SUPPORT, FAMILY PRESERVATION, AND ADOPTION PROMOTION AND SUPPORT SERVICES  
Proposer's Conference  
QUESTIONS AND ANSWERS  
April 4, 2005

185. Question: Part A, page 9, section 1.2 states, "DCFS has identified the vital need for continuity between various programs that provide services for children and families, and as a result has determined that a continuum of services between the FS program, FP program, and APSS program must be available ..." Is this new funding, an expansion of current funding or a repackaging of currently offered programs?

Answer: Proposers are encouraged to refer to PSSF legislation to achieve a full understanding of the program.

186. Question: Part A, page 9, section 1.4, states, "DCFS seeks the following services delivery models to provide a continuum of FS, FP and APSS program services in the following order of preference ..." Will any preference be given to providers that can provide FS, FP and APSS?

Answer: Refer to RFP, Part C, Section 2.4.

187. Question: May one community based agency propose a program, e.g., APSS, as a LEAD agency with subcontractors throughout the SPA, and also be listed as a subcontractor agency for a different agency submitting a different proposal for the same SPA as a LEAD on APSS? In other words, the agency in question would be able to offer services as a LEAD or as a subcontractor, depending upon which proposal was deemed to be more effective by the evaluation committee.

Answer: Yes.

188. Question: If two community based agencies (with existing collaboratives of other community based agencies) seek to partner with one another so as to serve one SPA (#3), then, for purposes of DCFS contracting with an entity, would only one be able to act as the LEAD?

Answer: Yes.

189. Question: Introduction, page 5, 6.12 - What is meant by "a member of a service delivery system"? How do we become a member of a service delivery system?

Answer: Contractor must be, or by the start of the contract become, an integral member of a community referral/resource network.

FAMILY SUPPORT, FAMILY PRESERVATION, AND ADOPTION PROMOTION AND SUPPORT SERVICES  
Proposer's Conference  
QUESTIONS AND ANSWERS  
April 4, 2005

190. Question: Part B, page 32, paragraphs 7.2.4.1 and 7.2.4.3 – do these apply only to the lead agency or proposer or do you want this information on the collaborative partners as well?

Answer: It applies to the proposer.

191. Question: If a proposer does not have first hand experience providing a service, can it rely on a subcontractor's years of experience to answer "years of experience" request? Regarding the Program Specific Narrative, do you want to hear about just the lead agency or the collaborative as a whole? For example, successes and experience related to meeting outcomes.

Answer: Refer to RFP, Introduction, Section 6.0.

192. Question: In response to Part B, page 32, is it required to identify the proposer as the lead agency even if the service is outsourced to another agency?

Answer: The proposal shall be written from the prospective of that program service you are planning to provide for the described target population, and the writing of the proposal should be from the agency turning in the proposal to include areas of the program that will be subcontracted.

193. Question: Re: Part B, paragraph 7.2.21, Organizational Data - Do you want the Org Chart of the lead agency showing where this program fits in that chart? Or do you want an Org Chart of the FS/FP Network? This subsection states you want job descriptions for each position. Would this include job descriptions from each of the partner agencies assuming those positions were included in the proposed budget? Where do you want us to place the job descriptions?

Answer: An organizational chart and job descriptions for the Proposer's organization and all subcontractors. Job descriptions should be attached to the Org Chart.

194. Question: Page 36, 7.2.24 – How does an agency register in the WebVen and how will an agency provide confirmation of registration in the County's WebVen?

Answer: Refer to RFP, Part A, Section 37.0, which provides the WebVen internet address to register online. Print out the registration confirmation and attach it to the last page of your proposal.



FAMILY SUPPORT, FAMILY PRESERVATION, AND ADOPTION PROMOTION AND SUPPORT SERVICES  
Proposer's Conference  
QUESTIONS AND ANSWERS  
April 4, 2005

195. Question: How do we obtain assistance with WebVen? Phone number?
- Answer: You may contact Patricia Kirkpatrick at (213) 351-5543.
196. Question: Is there anything in particular that you would like to see in the Letters of Commitment from partner agencies?
- Answer: An agreed upon commitment.
197. Question: Re: Linkages – Do we need a Letter of Commitment/written agreement from the Linkage providers?
- Answer: No letter is needed from Linkage providers.
198. Question: Introduction, section 5.2.1, states that FP contractors must serve all zip codes within the DCFS office boundary. Is it acceptable for the proposing agency to subcontract out some zip codes to other FP providers (lead agencies)?
- Answer: Refer to RFP, Part A, Section 3.0.
199. Question: If proposing FS and APSS, does the agency have to propose serving the entire SPA, or can we propose to serve a certain geographic area? Can you serve a sub-community of the SPA, for example, one that is aligned with the DCFS regional office?
- Answer: Refer to Addendum Number One modifications.
200. Question: Do we need to have a physical location in each “office zip code area” or just in each SPA that we service? Can an agency apply in another SPA without an office location if the SPA applied for service is just across the street from an existing office location?
- Answer: At the commencement of the contract, FS and/or APSS providers must have a physical location in each SPA they service. FP providers must have a physical location in each DCFS office boundary they service.
201. Question: Regarding FP, if there are four office boundaries in a SPA and we submit a proposal for each boundary, are we required to have an office in each boundary? And are we really required to submit proposals for each boundary or only one is enough?

- Answer: The agency must have an operational office in each DCFS office boundary they are proposing to serve at the time the contract begins. A separate proposal must be submitted for each DCFS office boundary you are proposing to serve.
202. Question: If you are a lead agency and have subcontractors to provide services, do the lead agency and the subcontractors have to reside in the same boundary or SPA proposed to be served?
- Answer: Yes.
203. Question: If two agencies in a SPA are given contracts, are both expected to serve entire SPA, or will SPA be divided somewhat geographically?
- Answer: The entire SPA.
204. Question: Part A, page 9, 1.4 – Is the goal of the county to select one agency for each SPA, rather than have multiple agencies serving a SPA? Question arises because of language in Part A, paragraph 1.4, p. 9, discussing “preferences.”
- Answer: Refer to RFP, Introduction, subsections 5.1.3, 5.2.3, and 5.3.3.
205. Question: Are there any start-up costs possible under the terms of this RFP?
- Answer: No.
206. Question: Why would you not be providing for funds advance to be requested? Such a provision is not in the Sample Agreement.
- Answer: County is electing not to provide advances in relation to this contract, as it is not a State or Federal requirement.
207. Question: Part B, page 35, 7.2.20 requires “certified copy” of most recent SI-100, “renewed within the last year” – State of CA only request that an agency’s Statement of Information be renewed every two years. Additionally, upon renewal, the Secretary of State does not automatically return a certified copy. To obtain a certified copy via mail takes approximately 8 weeks, leaving proposer not enough time to obtain through reasonable means. Must we obtain an actually certified copy? How many certified copies are needed if submitting multiple proposals?

- Answer: Refer to Addendum Number Two modifications. Only one certified copy is needed, but proposals shall indicate which proposal has the original certified copy.
208. Question: Page 35, 7.2.20, Tax Status – What is a certified copy of the Statement of Information – State Form SI –100? The Statement of Information must be certified by whom – by the State or any certified Notary Public?
- Answer: The Statement of Information is California State Form SI-100, and it must be certified by the Secretary of State of California.
209. Question: Part B, page 35, 7.2.20 – Does the County acknowledge that the SI-100 need only be renewed in alternate years?
- Answer: Yes. Refer to Addendum Number Two modifications.
210. Question: Can you revisit the question set forth regarding the Secretary of State form? The certification is not in color, how will that impact submitting a copy to you?
- Answer: The requirement is to provide an original certified copy, regardless of the color of the certification.
211. Question: The Secretary of State form, how does it relate to this RFP, and where shall it be placed?
- Answer: Refer to RFP, Part B, subsection 7.2.20. It shall be submitted with the tax status forms as indicated in Part B and Part E.
212. Question: Where in the proposal narrative would we describe the model we would be proposing?
- Answer: Refer to RFP, Part B, section 7.4.5.
213. Question: Part B, page 37, 7.4.3 and 7.4.6 – What is the difference between these two paragraphs? What are you looking for in each?
- Answer: Section 7.4.6 refers only to Subcontractors.
214. Question: If a proposal is being written by an Agency who intends to subcontract a service program, does the agency writing the proposal have to write a narrative about the subcontractor or just include information about the contractor? Or should the

FAMILY SUPPORT, FAMILY PRESERVATION, AND ADOPTION PROMOTION AND SUPPORT SERVICES  
Proposer's Conference  
QUESTIONS AND ANSWERS  
April 4, 2005

subcontractor write the proposal for its service program, as subcontractor to the agency?

Answer: Refer to RFP, Part B, page 37, sections 7.4.3 and 7.4.6.

215. Question: As a potential subcontractor to provide FS services to a proposer that will provide the other two, in the program narrative, do you want to know about my agency's expertise and successes or about the lead agency's expertise and successes?

Answer: Proposer's experience and successes. County does not contract with subcontractors.

216. Question: Part B, page 38, 7.5.1.2 – This section asks bidders to explain their three most important program successes as it relates to the proposed service. Can you please clarify what the County is seeking here – are we to explain our three most important successes operating similar programs in the past? Do you want an explanation of past successes or proposed successes?

Answer: RFP, Part B, page 38, section 7.5.1.2 requires an explanation of Proposer's three most important program successes as it relates to the proposed service. Please provide an explanation of past successes.

217. Question: Regarding the program model, shall our program narrative indicate all programs we are proposing to provide services for?

Answer: Yes.

218. Question: Do the proposal SOWs require a written reply, or shall the intended services be addressed in our program narrative?

Answer: No separate reply to the SOW is needed; the proposer's narrative must address what has been proposed that is needed to meet the Department's outcomes and specific tasks.

219. Question: Is there a form for the Budget any more detailed than the Exhibit B Summary form?

Answer: No, however, Part G of the RFP, Attachment F, gives detailed instructions for the budget narrative and line item budget.

220. Question: Part B, page 41, section 7.7.1.2 – This section states that budgets submitted for FP services shall adhere to a 10% administrative cost

Proposer's Conference  
QUESTIONS AND ANSWERS  
April 4, 2005

cap, however, it also states that budgets which indicate administrative costs greater than 10% shall attach a current federally approved administrative cost rate letter. Can bidders with a federally approved administrative cost rate letter therefore submit administrative costs greater than 10% with no penalty in their evaluation?

Answer: Refer to RFP, Part B, subsection 7.7.1.2.

221. Question: Re: 10% administrative cost cap for FP, are there also admin cost caps for the other two programs? Which of the three programs are cost reimbursement?

Answer: Refer to RFP, Part B, subsection 7.7.1. FS and APSS are cost reimbursement.

222. Question: Are admin costs and overhead different from one another, similar to DMH?

Answer: In this program, overhead is a part of admin costs.

223. Question: We're applying for \$400,000 in the SPA in which my agency service lost over \$1,000,000, and the \$700,000 allocated for the SPA suggests that you will not be able to award the minimal contract of \$350,000 to an agency. Additionally, the Compton area is known to have the highest number of referrals, how do you plan to deal with the funding loss? (b) Have you looked at other options to meet funding needs? (c) There is no even split of funding, how was funding determined? (d) Transition Services, does that mean an agency must see the family two months before termination of the program and two months after termination?

Answer: Proposers will be notified of changes to funding allocation charts, if any, by addendum. Refer to Introduction, Section 5.0.

224. Question: Regarding the last page of the proposal: Do all the partner agencies need to sign it or just the lead agency?

Answer: The Last Page of the Proposal is signed by the agency submitting the proposal.

225. Question: Part B, page 43, 7.8 – What is meant by the first paragraph? Give an example of a person who would be listed as having a “right or interest in the agreement.”

FAMILY SUPPORT, FAMILY PRESERVATION, AND ADOPTION PROMOTION AND SUPPORT SERVICES  
Proposer's Conference  
QUESTIONS AND ANSWERS  
April 4, 2005

Answer: Refer to RFP, Part B, subsection 7.2.25.

226. Question: Must the last page of the proposal be submitted on agency letterhead?

Answer: Yes.

227. Question: Our organization has a blanket Board Resolution authorizing the Executive Director and Deputy Director to submit and negotiate contracts on behalf of the organization. Do I submit a copy of this resolution for the signatures required on the last page?

Answer: Refer to RFP, Part B, subsection 7.2.12.

228. Question: Part B, page 34, 7.2.12 – We are part of a large 42 hospital system/parent org in San Francisco. Our governing board meets in S.F. every two months. It met in March and meets next in May. The board passed a resolution giving our local hospital CEO authority to apply. Is this sufficient to meet BOD resolution described in Part B, paragraph 7.2.12, page 34?

Answer: Yes.

229. Question: Section 1.4.3 – Please clarify “Board Resolution” - Does that mean that you do not need a Memorandum of Understanding with your subcontractor as part of this proposal? Or does it mean between the agencies you’re collaborating with to provide one or two services of the continuum of care?

Answer: Refer to Addendum Number Two modifications. The proposer does not need to submit a MOU with this proposal.

230. Question: Part B, page 32, 7.2.3 – Is there a page limit for the Executive Summary?

Answer: Refer to Addendum Number Two modifications.

231. Question: Page 37, 7.2, Section II – This section is not to exceed ten (10) single sided, single spaced pages, not including attachments developed for this section, and shall include the following information. In Part I, Supplemental Information Section A, page 2, the Proposal Checklist says, “Section II of the proposal shall be the Proposal Narrative and must not exceed fifteen (15) single-sided, single-spaced pages.” Which is correct – 10 or 15 pages?

FAMILY SUPPORT, FAMILY PRESERVATION, AND ADOPTION PROMOTION AND SUPPORT SERVICES  
Proposer's Conference  
QUESTIONS AND ANSWERS  
April 4, 2005

Answer: Refer to RFP, Part B, Section 7.4.

232. Question: Part B, page 32, section 7.2.4 – what is the page limit for the Explanation of Experience section?

Answer: There is no page limit.

233. Question: What is the page limit for quality assurance?

Answer: Refer to RFP, Part B, Section 7.6.

234. Question: Part B, page 30 – RFP does not specify font size. What is the required/preferred font size and type?

Answer: Refer to Addendum Number Two modifications.

235. Question: Please describe the criteria by which evaluation scores will be assigned to the Proposal Narrative, Program Specific Narrative, and Quality Assurance Plan sections of the proposals (Part C, sections 2.2.4, 2.2.5, and 2.2.6). Part C, page 47, section 2.4 – can you describe the criteria used to determine the number of points awarded?

Answer: This will not be publicly disclosed to proposers.

236. Question: Will current providers be given preference?

Answer: No. Proposals will be scored equally based on what is submitted.

237. Question: Does an agency that has multiple contracts (i.e., GH, FFA, Residential, MH Contract), be looked at more favorably than agencies that might not have any of those contracts?

Answer: We are specifically looking for a continuum of services listed in this RFP.

238. Question: Part C, page 46, section 2.2 states, “A standardized proposal rating instrument developed for the RFP will be used ...” Will this instrument be made available to proposers before the proposal submission deadline? Will the rubric used by the selection committee be provided to proposers before the proposals are due?

Answer: No. This will not be publicly disclosed to proposers.

239. Question: How will you make an adjustment if there are two proposers proposing the same amount to meet your department's service needs?

Answer: All proposals will be scored based on the selection criteria indicated in the RFP, which includes quality and the agency's ability to meet the department's objective. The ranking, in terms of making the adjustment will be based on the agency's ability to demonstrate overlapping of services.

240. Question: Can you tell if the individuals reviewing proposals have experience or are familiar with FP, FS or Adoptions? The managers that may be managing the FS, FP and Adoptions, is that what you are saying?

Answer: The evaluators for these proposals primarily come from management ranks from the County that will be served by the proposers.

241. Question: Part E, Form 3: In the column for SPA or DCFS boundary, you want us to list where the subcontract agency is located – in which SPA or DCFS office area?

Answer: Yes.

242. Question: Part E, Form 17 – Revenue Disclosure – whole agency? Or just this program (APSS)?

Answer: The entire agency's financial capacity.

243. Question: Regarding all of the required forms 1-19 – Do you only want these from the lead agency or proposer or from all the partner agencies as well?

Answer: From the Proposer.

244. Question: Part B, section 7.5.1.4 (pg. 38), section 7.5.2.4 (pg. 39), and section 7.5.3.4 (pg. 39) – Does DCFS want resumes, degrees and licenses of ALL staff and volunteers working for the proposer or just the staff and volunteers that are proposed to provide services under the contract?

Answer: Documents are to correspond with Staffing Plan.



Proposer's Conference  
QUESTIONS AND ANSWERS  
April 4, 2005

245. Question: Part B, pages 35-36, paragraphs 7.2.19 through 7.2.25 – Do you want these materials for the lead agency/proposer only or from the partner agencies too?
- Answer: From the Proposer.
246. Question: Part B, page 33, section 7.2.11 – Should this list include subcontractors, government contracts, private foundations, and/or corporate foundations from which the Proposer has received funding?
- Answer: This subsection pertains to the agency's current Board of Directors.
247. Question: Part B, page 40, section 7.6 and 7.6.2 – Do you want us to submit a Quality Assurance plan now with the proposal, or later if selected for recommendation?
- Answer: Provide a QA Summary as stated in RFP, Part B, subsection 7.6.1, with proposal. Also, refer to Part B, subsection 7.6.2.
248. Question: Is there a form in the RFP that lists all of the contracts an agency is involved in?
- Answer: Yes. RFP, Part E, Form 9.
249. Question: Does everyone need to submit the Solicitation Requirements Review stated in Part B, Section 4.0?
- Answer: The form should be completed only by those who want to do that. It does not need to be completed by all agencies.
250. Question: Are all the required forms available in an electronic format that allows for completion of the forms on a computer without having to recreate the forms?
- Answer: No.
251. Question: Are there any documents in the RFP currently on pdf format that we need to complete that can be sent to us in Word (.doc) format?
- Answer: No.
252. Question: Will the sign-in sheets from this conference be distributed to all potential bidders?

Answer: No. This is not public information.

253. Question: Can you please provide a list of the current contractors and the geographic areas they serve for FS and FP programs?

Answer: Refer to Attachment for list of current contractors.

254. Question: FS SOW – If services such as parenting classes are offered at a variety of community locations, should all projected sites be listed on this form or should only permanent office/satellite sites be listed?

Answer: The form should be completed with the actual service delivery sites at the time the proposal is submitted. Changes must be provided to the Program Manager as changes occur.

255. Question: How do you obtain multiple copies of the RFPs if multiple proposals must be submitted?

Answer: Multiple copies of the RFP may be obtained from the DCFS Contracts Administration office, 425 Shatto Place, Room 400, Los Angeles, CA.

256. Question: Page 36, section 7.2.25 – What is the procedure for applying as a joint venture?

Answer: The County cannot provide a procedure for this process.

257. Question: Part A, 1.4.1 – Does “program services” mean Tasks toward Outcome?

Answer: No.

258. Question: County will install software on our computers?

Answer: Refer to RFP, Part F, Sample Contracts, subsection 7.5.4 of each Sample Contract.

259. Question: Billing – submit two copies to county – one for Program Manager – how to do this with current billing system? Do we send email to finance and then two hard copies?

Answer: Refer to Part F, Sample Contracts, Payments and Invoices Section (FS – Section 5.5; FP – Section 5.6; APSS – Section 5.5).

FAMILY SUPPORT, FAMILY PRESERVATION, AND ADOPTION PROMOTION AND SUPPORT SERVICES

Proposer's Conference  
QUESTIONS AND ANSWERS  
April 4, 2005

260. Question: Part B, page 41, 7.7.2 – What is an agency wide cost allocation plan? Is there a form for it?

Answer: Refer to RFP, Part H, Exhibit G, A-C Handbook, page 19.

261. Question: Part G, Attachment F, Section III. B – Is there any cost matching required? Is in-kind match still a requirement?

Answer: No.

262. Question: There is an asterisk following the heading “PERFORMANCE TARGETS” – what, if anything, does this asterisk refer to?

Answer: Disregard this asterisk.

263. Question: Introduction, page 3, 5.2 – the total amount available for FP is shown on the chart as \$25,051,996. In Part H, Exhibits, Exhibit FP-23, a different amount, \$25,451,996, is shown. Which amount is correct?

Answer: Refer to Addendum Number Two modifications.

264. Question: What is the maximum number of points 10,000 (Part C, pg. 47, section 2.3) or 100,000 (Part C, page 45, section 1.5)?

Answer: Refer to Addendum Number Two modifications.

265. Question: The proposal appears to have been written for large 501(c)(3) agencies, therefore, I would like to know which name is to be used when a community-based agency partners with a faith based program (church)? Are all agencies providing these services required to meet the guidelines of 501(c)(3)? Can these services be provided via an independent Contractor?

Answer: The agency that applied and was awarded the contract. Subcontractors must be certified 501(c)(3) agencies. Independent contractors must meet said requirements as well.

266. Question: How many agencies are you funding per SPA? How will the agencies be selected?

Answer: Refer to RFP, Introduction, subsections 5.1.3, 5.2.3, and 5.3.3.

FAMILY SUPPORT, FAMILY PRESERVATION, AND ADOPTION PROMOTION AND SUPPORT SERVICES

Proposer's Conference  
QUESTIONS AND ANSWERS

April 4, 2005

267. Question: Part C, page 48, section 4.4 – How many grant awards does DCFS anticipate making? Please confirm that this section does not imply there will be only one grant awarded from the RFP.

Answer: Refer to RFP, Introduction, subsections 5.1.3, 5.2.3, and 5.3.3.

268. Question: Part B, page 34, section 7.2.13.3 – “a minimum of three contracting agencies may be contacted for reference” – Contacted by whom, the proposer or DCFS?

Answer: Contacted by DCFS for reference.

269. Question: If you are filing for two services that will service two different DCFS offices, are you required to hire two full time program managers?

Answer: No, indicate what your intentions are in the administrative budget.

270. Question: Re: Performance Outcomes: How did the performance based percentage come about?

Answer: Refer to Addendum Number Two modifications.